

**LabCorp®**

Specimen #	Type	Pr.	Lab	Report Status
196-397-0378-0	S	MB	FINAL	PG 1
Additional Information				
DOB: 11/23/55				
CD- 51619407971				
Patient Name	Sex	Age (Yr/Mos)		
REED, EARNEST	M	048/07		
Patient Address				
Date Collected	Date Entered	Date Reported		
07/14/04	07/14/04	07/15/04	3071	

Clinical Information		07/15/04 06:07 ET
Physician ID	DARBOUZE	Patient ID
Account		111914
Easterling Corr. Facility		01488855
Prison Health Services		01
200 Wallace Dr.		01
Clio		, AL 36017-0010
334-397-4471		OLN

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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Hemoglobin A1c

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
A1c	5.7		%	4.5 - 5.7	MB

Please note:

Current guidelines recommend a treatment goal of <7% for diabetic patients. A1c may be overestimated in diabetic patients exhibiting poor control and who are also heterozygous or homozygous for HgbS or HgbC. Total glyco-hemoglobin is a better indicator of diabetic control in patients with these hemoglobin variants.

LAB: MB LabCorp Birmingham

DIRECTOR: Arthur Kelly, MD

1801 First Avenue South Birmingham, AL 35233-0000

FOR INQUIRIES, THE PHYSICIAN MAY CONTACT: BRANCH: 334-792-0902 LAB: 205-581-3500  
LAST PAGE OF REPORT

REED, EARNEST

PATID: 111914

REPORT

SPEC DATE: 07/14/2004

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Specimen #	Type	F	Lab	Report Status
188-397-0433-0	S	MB	FINAL	PG 1
Additional Information				
DOB: 11/23/55				
CD- 51619409290				
Patient Name	Sex	Age (Yr/Mos)		
REED, EARNEST	M	048/07		
Patient Address				
Date Collected	Date Entered	Date Reported		
07/06/04	07/06/04	07/08/04	2007	

Clinical Information		07/08/04 16:14 ET
Physician ID	DARBOUZE	Patient ID
Account		111914
Easterling Corr. Facility		01488855
Prison Health Services		01
200 Wallace Dr.		01
Clio		, AL 36017-0010
334-397-4471		QIN

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CMP14+CBC/D/Plt					
Chemistries					
Glucose, Serum	179		H mg/dL	65 - 99	MB
BUN	20		mg/dL	5 - 26	MB
Creatinine, Serum	0.9		mg/dL	0.5 - 1.5	MB
BUN/Creatinine Ratio	22			8 - 27	MB
Sodium, Serum	139		mmol/L	135 - 148	MB
Potassium, Serum	3.8		mmol/L	3.5 - 5.5	MB
Chloride, Serum	106		mmol/L	96 - 109	MB
Carbon Dioxide, Total	18		L mmol/L	20 - 32	MB
Calcium, Serum	9.4		mg/dL	8.5 - 10.6	MB
Protein, Total, Serum	6.7		g/dL	6.0 - 8.5	MB
Albumin, Serum	4.0		g/dL	3.5 - 5.5	MB
Globulin, Total	2.7		g/dL	1.5 - 4.5	MB
A/G Ratio	1.5			1.1 - 2.5	MB
Bilirubin, Total	1.1		mg/dL	0.1 - 1.2	MB
Alkaline Phosphatase, Serum	105		IU/L	25 - 150	MB
AST (SGOT)	19		IU/L	0 - 40	MB
ALT (SGPT)	14		IU/L	0 - 40	MB
CBC, Platelet Ct, and Diff					
White Blood Cell (WBC) Count	6.7		x10E3/uL	4.0 - 10.5	MB
Red Blood Cell (RBC) Count	4.86		x10E6/uL	4.10 - 5.60	MB
Hemoglobin	14.7		g/dL	12.5 - 17.0	MB
Hematocrit	42.0		%	36.0 - 50.0	MB
MCV	87		fL	80 - 98	MB
MCH	30.3		pg	27.0 - 34.0	MB
MCHC	35.0		g/dL	32.0 - 36.0	MB
RDW	13.8		%	11.7 - 15.0	MB
Platelets	216		x10E3/uL	140 - 415	MB
Polys	61		%	40 - 74	MB
Lymphs	30		%	14 - 46	MB
Monocytes	7		%	4 - 13	MB
Eos	2		%	0 - 7	MB
Basos	0		%	0 - 3	MB
Polys (Absolute)	4.1		x10E3/uL	1.8 - 7.8	MB
Lymphs (Absolute)	2.0		x10E3/uL	0.7 - 4.5	MB
Monocytes (Absolute)	0.5		x10E3/uL	0.1 - 1.0	MB
Eos (Absolute)	0.1		x10E3/uL	0.0 - 0.4	MB
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	MB
Hepatitis, Diagnostic (Prof I)					
Hepatitis Interp.:					

Serological Markers

HAV

HBs

HBc

REED, EARNEST

PATID: 111914

REPORT

SPEC DATE: 07/06/2004

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**LabCorp®**

Specimen #	Type	Lab	Report Status
188-397-0433-0	S	MB	FINAL PG 2
Additional Information			
DOB: 11/23/55			
CD- 51619409290			
Patient Name	Sex	Age (Yr/Mos)	
REED, EARNEST	M	048/07	
Patient Address			
Date Collected	Date Entered	Date Reported	
07/06/04	07/06/04	07/08/04	2007

Clinical Information		07/08/04 16:14 ET
Physician ID	DARBOUZE	Patient ID
		111914
Account		
Easterling Corr. Facility 01488855		
Prison Health Services 01		
200 Wallace Dr. 01		
Clio, AL 36017-0010		
334-397-4471 AL N		

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
IgM	-				
Ag	-				
IgM	-				

\*\* Negative for acute HAV OR HBV.\*\*

Hep A Ab, IgM	Negative	Negative	MB
Hep B Surface Ag	Negative	Negative	MB
Hep B Core Ab, IgM	Negative	Negative	MB
Hep C Virus Ab	Repeatedly Positive	Negative	MB

LAB: MB LabCorp Birmingham      DIRECTOR: Arthur Kelly, MD  
 1801 First Avenue South Birmingham, AL 35233-0000

OR INQUIRIES, THE PHYSICIAN MAY CONTACT: BRANCH: 334-792-0902 LAB: 205-581-3500  
 LAST PAGE OF REPORT

EED, EARNEST

PATID: 111914

REPORT

SPEC DATE: 07/06/2004

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## DEPARTMENT OF CORRECTIONS

DATE: 7/9/04

## URINALYSIS

LEUKOCYTES NG  
 NITRITE NG  
 UROBILINOGEN NG  
 PROTEIN NG  
 pH 6

BLOOD 250  
 SPEC. GRAVITY 1.010  
 KETONE NG  
 GLUCOSE NG  
 HCG \_\_\_\_\_

(Add: Final Labs Here)

*[Signature]*  
7/9/04

INMATE NAME (LAST, FIRST, MIDDLE)	DOC #	DOB	RACE/SEX	FAC.
Reed, EARNER	111914	11/23/55	Wm	620

PATIENT NAME  
Reed, Ernest

111914

PRISON ID

DATE SUBMITTED

11/26/03

**NPY 20**

TEST NAME	RESULT	REFERENCE RANGE	COMMENTS
I-2 HIV ANTIBODY	✓ NR	NEGATIVE (NEG)	
RPR	✓ NR	NON-REACTIVE (NR)	
URINALYSIS	✓ NEG		
APPEARANCE			
pH		pH 5- pH 6	
PROTEIN		NEGATIVE (NEG)	
GLUCOSE		NEGATIVE (NEG)	
KETONES		NEGATIVE (NEG)	
BILIRUBIN		NEGATIVE (NEG)	
BLOOD		< 5 RBC/MCL	
NITRITE		NEGATIVE (NEG)	
UROBILINOGEN		< 1.0 MG/DL	
LEUK. ESTERASE		NEGATIVE (NEG)	
SPECIFIC GRAVITY		1.016-1.022	

- "A" These results are unreliable due to the age of the specimen.
- "H" These results are unreliable due to the hemolyzed condition of the specimen.
- "A+H" These results are unreliable due to the age and hemolyzed condition of the specimen.



PRISON  
HEALTH  
SERVICES  
INCORPORATED

## DEPARTMENT OF CORRECTIONS

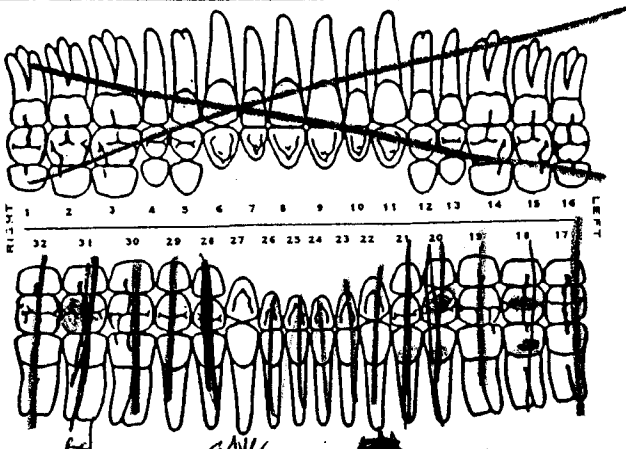
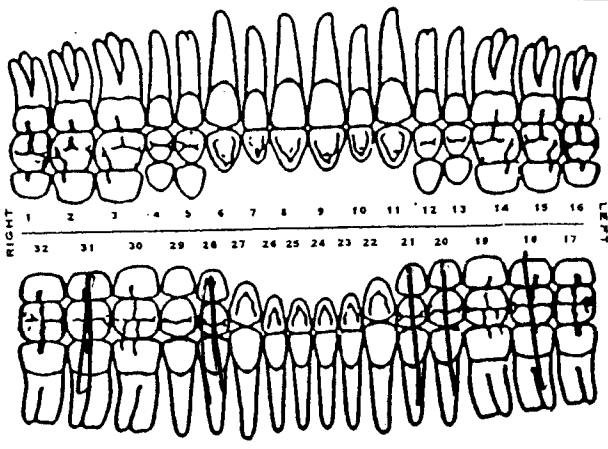
## DENTAL RECORD TREATMENT

## Services Rendered

Date	Tooth #	Diagnosis	Treatment	Initials	Class
5-19-04	280 31	NRC PERIO	NKSD; DENTAL REPORT MURRAY; 2 APPS. 280 x 10 1100,000 EQ USED IN MAND. & METAL N. BLOCK; SIMPLE FORCBG 4/3; OAD POT GIVEN; 2 SA; SUTURES PLACED; NV IMPRESSIONS		
9-14-04			U/C ALGinate IMPRESSIONS TAKEN; NV WAX TYPE		
9-29-04			WAX BITE TAKEN; NV WAX TRY-IN WITH TEETH		
10-20-04			WAX TRY-IN COMPLETED; NV DELIVERY		
10-20-04			DELIVERY OF U/C & LOWER RPLY; HAND RELINING OF OLD FORCBG; DENTURE HAD GOOD RETENTION		

PATIENT LAST NAME	FIRST	MIDDLE	DOB	R/S	ID NO.
Reed	Earnest		11/23/55 W/M		111914

DEPARTMENT OF CORRECTIONS  
DENTAL RECORD

DENTAL EXAMINATION		RESTORATIONS AND TREATMENTS	
			
Date of Initial Examination <u>11-26-03</u>		Initial Classification <u>CE/P</u>	
Oral Pathology .....		Gingivitis _____ Vincent's Infection _____ Stomatitis _____ Other Findings _____	
Occlusion _____		_____ _____	
Roentgenograms .....		Periapical _____ Bitewing _____ Other _____	

## Health Questionnaire

YES	NO		YES	NO	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	<input checked="" type="checkbox"/>	V. D.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Allergy (Novacaine, penicillin, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hepatitis
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Present Medication	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Anemia or Bleeding Problems
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heart Disease
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	High Blood Pressure
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Kidney Disease
<input type="checkbox"/>	<input checked="" type="checkbox"/>	HIV	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other Diseases

SERVICES RENDERED					
Date	Tooth #	- DX	TX	Initials	Class
2-17-04			Exam. 2 PAX #116. PRR for Ext's.	MSR	
3-10-04	18, 20 21	NRC	AKO: DENTIST HART MAMUR: 2 ARPS. 25 x 10 : 100,000 for 1 com. 280 - PROPOSED SO DASH 3rd in MANDIB - 1/2 bucca as blocks, simple for up - 18, 20 & 21 : 3 x 500 up for - 18, 20 & 21 : 3 x 500 up for - 18, 20 & 21 : 3 x 500 up for - 18, 20 & 21 : 3 x 500 up for		

Patients Last Name	First	Middle	DOB	Race/Sex	ID No.
Reed	Ernest	E Jr.	11-23-55	W	111914 -
70015 (5/5/01)					



# PRISON HEALTH SERVICES MEDICAL COMPLAINT FORM

Earnest Reed 111914 6-B-110 6-9-05  
NAME AIS # UNIT DATE

This complaint is to be completed with as few words as possible to identify the problem. Additional pages attached to this form will not be accepted.

## PART A—INMATE REQUEST

I've been at Easterling Corr facility for  
(18) eighteen months and have repeatedly requested to  
have a hernia operation, my hernia has grown twice  
the size and the pain gets greater. (Dr Anderson)  
put me on a list to have it corrected but she is  
no longer here at the facility. I need to have this  
very serious medical problem corrected

Earnest Reed  
INMATE SIGNATURE

## PART B—RESPONSE

DATE RECEIVED 6-13-05

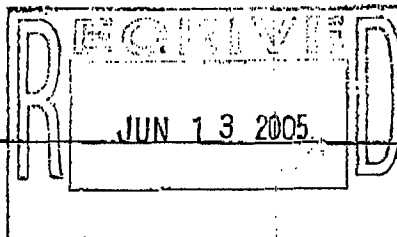
You were last seen, concerning your hernia,  
on 5-16-05. If you are having problems,  
you will need to follow the procedure to access  
healthcare to be seen & evaluated. The request  
made by Dr. Anderson was not approved. The  
doctor is the one that has to request a referral  
if he finds it medically necessary.

Sk Wilton, RN/BSA  
MEDICAL STAFF SIGNATURE

6-14-05  
DATE

IF YOU ARE UNSATISFIED WITH THE RESPONSE, YOU MAY FILE A MEDICAL GRIEVANCE USING THE "PHS GRIEVANCE FORM"

	Y	N		Y	N
I Dissatisfied with Quality of Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	VI Delay in Health Care Provided	<input type="checkbox"/>	<input type="checkbox"/>
II Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	VII Problems with Medication	<input type="checkbox"/>	<input type="checkbox"/>
III Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	VIII Request to be seen	<input type="checkbox"/>	<input type="checkbox"/>
IV Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/>	<input type="checkbox"/>	IX Request for Off-site Specialty Care	<input type="checkbox"/>	<input type="checkbox"/>
V Conduct of Healthcare Staff	<input type="checkbox"/>	<input type="checkbox"/>	X Other	<input type="checkbox"/>	<input type="checkbox"/>





# PRISON HEALTH SERVICES MEDICAL COMPLAINT FORM

Earnest Reed 111914 6-B-110 6-14-05  
NAME AIS # UNIT DATE

This complaint is to be completed with as few words as possible to identify the problem. Additional pages attached to this form will not be accepted.

## PART A—INMATE REQUEST

This is the 2nd Complaint form I've filed  
I heard nothing from the first one. I'm requesting  
for medical attention. I am in severe pain and need  
a operation for an inguinal hernia. I've been trying for months  
(18) Right now and the hernia just gets worse.  
Dr. Anderson was suppose to put me down for the  
operation but as you know, she's no longer here at  
the facility. Can you please Address this very serious  
medical problem. Thanks for your time and concern  
on this matter

Earnest Reed  
INMATE SIGNATURE

## PART B—RESPONSE

DATE RECEIVED 6-15-05

Mr. Reed, I received your first complaint  
on 6-12-05 and it was returned to you  
on 6-14-05, with a response. Please allow  
time to get a response back. I am  
attaching a copy of it to make sure you  
have it.

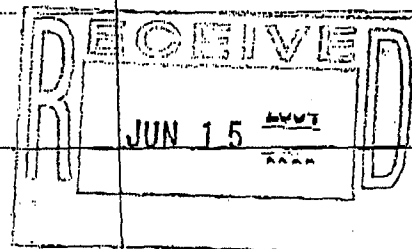
William R. HSA  
MEDICAL STAFF SIGNATURE

6-15-05  
DATE

IF YOU ARE UNSATISFIED WITH THE RESPONSE, YOU MAY FILE A MEDICAL GRIEVANCE USING THE "PHS GRIEVANCE FORM"

	Y	N		Y	N
I Dissatisfied with Quality of Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	VI Delay in Health Care Provided	<input type="checkbox"/>	<input type="checkbox"/>
II Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	VII Problems with Medication	<input type="checkbox"/>	<input type="checkbox"/>
III Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	VIII Request to be seen	<input type="checkbox"/>	<input type="checkbox"/>
IV Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/>	<input type="checkbox"/>	IX Request for Off-site Specialty Care	<input type="checkbox"/>	<input type="checkbox"/>
V Conduct of Healthcare Staff	<input type="checkbox"/>	<input type="checkbox"/>	X Other	<input type="checkbox"/>	<input type="checkbox"/>

JUN 15 2005



ATTACHMENT D

JUN 29 2005

## INMATE REQUEST SLIP

Name Earnest Reed Quarters S-A-2 Date 6-27-05  
AIS # 111914

( ) Telephone Call ( ) Custody Change ( ☒ ) Personal Problem  
( ) Special Visit ( ) Time Sheet ( ) Other \_\_\_\_\_

Briefly Outline Your Request - Then Drop In Mail Box

MS MOSLEY  
I've sent (2) medical Complaint form  
to MS Wilson RN. And I'm not satisfied  
with her Response. I Requested A P.H.S.  
GRIEVANCE form but she has Refused to  
ANSWER my Request. Can you please have  
her to send me A grievance form. Thanks  
for your time and consideration on this important  
matter

Do Not Write Below This Line - For Reply Only

Approved

Denied

Pay Phone

Collect Call

Request Directed To: (Check One)

( ☒ ) Warden ( ) Deputy Warden ( ) Captain  
( ) Classification Supervisor ( ) Legal Officer - Notary Public ( ) Record Office

N176

7-1-05

Warden Mosley,  
Attached are the two  
complaint forms I have  
received from Mr. Reed.  
I have not received a  
request from him request-  
ing a grievance form, but  
will send him one today.

Thanks,  
K. Wilson, RN/HSA

Inmate Grievance  
appeal sent to him  
today 7-1-05. K. Wilson, RN/HSA

Earnest Reed 111914  
NAME AIS #

6-B-110 6-9-05  
UNIT DATE

This complaint is to be completed with as few words as possible to identify the problem. Additional pages attached to this form will not be accepted.

PART A--INMATE REQUEST

I've been at Easterling Corr. facility for  
(18) eighteen months and have repeatedly requested to  
have a hernia operation, my hernia has grown twice  
the size and the pain gets greater. (Dr. Anderson)  
put me on a list to have it corrected but she is  
no longer here at the facility. I need to have this  
very serious medical problem corrected

Earnest Reed  
INMATE SIGNATURE

PART B--RESPONSE

DATE RECEIVED 6-13-05

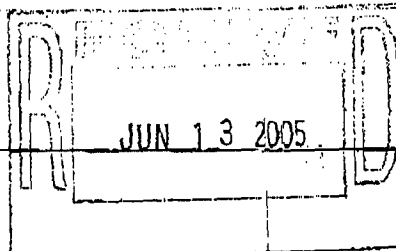
You were last seen concerning your hernia  
on 2-11-05. If you are having problems,  
you will need to follow the procedure to access  
healthcare to be seen & evaluated. The request  
made by Dr. Anderson was not approved. The  
doctor is the one that has to request a referral  
if he finds it medically necessary.

K. Wilson, RN/HEA  
MEDICAL STAFF SIGNATURE

6-14-05  
DATE

IF YOU ARE UNSATISFIED WITH THE RESPONSE, YOU MAY FILE A MEDICAL GRIEVANCE USING THE "PHS-GRIEVANCE FORM"

	Y	N		Y	N
I Dissatisfied with Quality of Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	VI Delay in Health Care Provided	<input type="checkbox"/>	<input type="checkbox"/>
II Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	VII Problems with Medication	<input type="checkbox"/>	<input type="checkbox"/>
III Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	VIII Request to be seen	<input type="checkbox"/>	<input type="checkbox"/>
IV Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/>	<input type="checkbox"/>	IX Request for Off-site Specialty Care	<input type="checkbox"/>	<input type="checkbox"/>
V Conduct of Healthcare Staff	<input type="checkbox"/>	<input type="checkbox"/>	X Other	<input type="checkbox"/>	<input type="checkbox"/>



PRISON HEALTH SERVICES  
MEDICAL COMPLAINT FORMNAME Earnest Reed AIS # 111914 UNIT 6-B-110 DATE 6-14-05

This complaint is to be completed with as few words as possible to identify the problem. Additional pages attached to this form will not be accepted.

## PART A—INMATE REQUEST

This is the 2nd complaint form I've filed. I heard nothing from the first one. I'm requesting for medical attention. I am in severe pain and need a operation for an inguired hernia. I've been trying for months (18) eighteen now and the hernia just gets worse. Dr Anderson was suppose to put me down for the operation but as you know, she's no longer here at the facility. Can you please address this very serious medical problem. Thanks for your time and concern on this matter.

Earnest Reed  
INMATE SIGNATURE

## PART B—RESPONSE

DATE RECEIVED 6-15-05

Mr. Reed, I received your first complaint on 6-13-05 and it was returned to you on 6-14-05, with a response. Please allow time to get a response back. I am attaching a copy of it to make sure you have it.

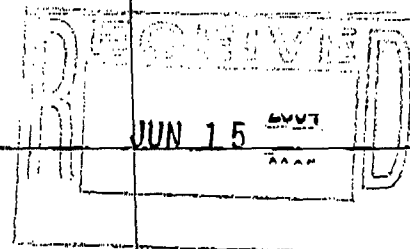
K. Wilson, RN/MSA  
MEDICAL STAFF SIGNATURE

6-15-05  
DATE

IF YOU ARE UNSATISFIED WITH THE RESPONSE, YOU MAY FILE A MEDICAL GRIEVANCE USING THE "PHS-GRIEVANCE FORM"

	Y	N		Y	N
I Dissatisfied with Quality of Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	VI Delay in Health Care Provided	<input type="checkbox"/>	<input type="checkbox"/>
II Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	VII Problems with Medication	<input type="checkbox"/>	<input type="checkbox"/>
III Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	VIII Request to be seen	<input type="checkbox"/>	<input type="checkbox"/>
IV Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/>	<input type="checkbox"/>	IX Request for Off-site Specialty Care	<input type="checkbox"/>	<input type="checkbox"/>
V Conduct of Healthcare Staff	<input type="checkbox"/>	<input type="checkbox"/>	X Other	<input type="checkbox"/>	<input type="checkbox"/>

JUN 15 2005



PRISON HEALTH SERVICES  
MEDICAL COMPLAINT FORM

Earnest Reed 111914 6-B-110 6-9-05  
NAME AIS # UNIT DATE

This complaint is to be completed with as few words as possible to identify the problem. Additional pages attached to this form will not be accepted.

PART A--INMATE REQUEST

I've been at Easterling Corr facility for  
(18) eighteen months and have repeatedly requested to  
have a hernia operation, my hernia has grown twice  
the size and the pain gets greater. (Dr Anderson)  
put me on a list to have it corrected but she is  
no longer here at the facility. I need to have this  
very serious medical problem corrected

Earnest Reed  
INMATE SIGNATURE

PART B--RESPONSE

DATE RECEIVED 6-13-05

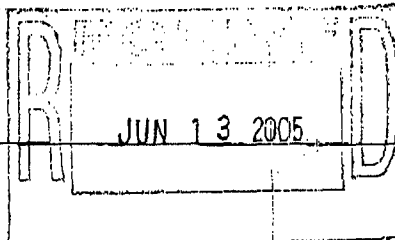
You were last seen, concerning your hernia,  
on 5-16-05. If you are having problems,  
you will need to follow the procedure to access  
healthcare to be seen & evaluated. The request  
made by Dr. Anderson was not approved. The  
doctor is the one that has to request a referral  
if he finds it medically necessary.

SK Wilson, RN/HEA  
MEDICAL STAFF SIGNATURE

6-14-05  
DATE

IF YOU ARE UNSATISFIED WITH THE RESPONSE, YOU MAY FILE A MEDICAL  
GRIEVANCE USING THE "PHS-GRIEVANCE FORM"

	Y	N		Y	N
I Dissatisfied with Quality of Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	VI Delay in Health Care Provided	<input type="checkbox"/>	<input type="checkbox"/>
II Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	VII Problems with Medication	<input type="checkbox"/>	<input type="checkbox"/>
III Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	VIII Request to be seen	<input type="checkbox"/>	<input type="checkbox"/>
IV Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/>	<input type="checkbox"/>	IX Request for Off-site Specialty Care	<input type="checkbox"/>	<input type="checkbox"/>
V Conduct of Healthcare Staff	<input type="checkbox"/>	<input type="checkbox"/>	X Other	<input type="checkbox"/>	<input type="checkbox"/>





## Prison Health Services, Inc.

Inmate Grievance Appeal

Ernest Reed 111914

NAME

AIS #

5-A-2 7-1-05

UNIT

DATE

## PART A--INMATE Grievance Appeal for the following reason:

I was very unsatisfied with the response on the medical complaint form I filed. I've tried unsuccessfully for over a year now to have a hernia operation. My hernia has gotten worse and the pain more severe. (Dr. Anderson) scheduled me for an operation months ago but she is no longer here at the facility. I need to have this serious medical problem corrected. Due to the severe pain I experience please address this situation.

Ernest Reed  
INMATE SIGNATURE

Return this form to Health Services Administrator by dropping in the sick call box or giving to the segregation sick call nurse on rounds.

## PART B--RESPONSE

DATE RECEIVED 7-5-05

Mr. Reed, as I have explained, if you are having problems it is the policy to follow the procedure to access healthcare. And, on 6-28-05, you were seen and evaluated. It gives an MD appointment that appointment is this week. The doctor has to do it medically necessary to write a referral to a surgeon. Then, it has to be approved/not approved by the medical director. When Dr. Anderson was here, you were not approved for hernia surgery. The doctor will see you at your appointment & evaluate you.

Inmate Signature

Health Services Department Head

Date

Date

## H.S.A. Selection:

	Y	N		Y	N
I Dissatisfied with Quality of Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VI Delay in Health Care Provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>
II Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	VII Problems with Medication	<input type="checkbox"/>	<input type="checkbox"/>
III Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	VIII Request to be seen	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IV Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/>	<input type="checkbox"/>	IX Request for Off-site Specialty Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V Conduct of Healthcare Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X Other	<input type="checkbox"/>	<input type="checkbox"/>

Committee Review of Data Collection

JUL 15 2005